

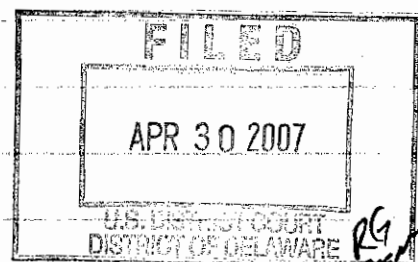
To : Joseph J Fannon Jr
 From : David De Jesus Sr
 Date : 4-26-07
 RE: Please dont Denied me I need help I'm sick.
 I got the letter that I was denied, Please help
 I am sick and I am also being punish two time
 for the same thin and I still dont know How bad
 my liver is or the test of the biosy?
 again they classifi me to the Hole for the
 same write up that I got for not going to the Key
 at M-R-Y-C-I because of my Health, next review
 Date is Oct 07, is that righth for me to pay to time
 and in a place where the Buld is old no air or
 Heat, I am sick they already dont care for my
 Health Please help before its to late, I am getting
 pusish for being sick. Please dont keep letting these
 killer get away with murder, I dont know
 what to do any more.

Thank you and God Bless you

Sincerely yours

David DeJesus Sr

PS let the Jury hear my cry for help.



FORM #585

MEDICAL GRIEVANCE

FACILITY: S-C-I

DATE SUBMITTED: 4-26-07

INMATE'S NAME: David De Jesus Sr

SBI#: 209513

HOUSING UNIT: MSB-F

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

I am having side effects and there are more side effects that are not on the consent for treatment form you "C-M-S" give me to sign and they have miss some dose, so why keep trusting these killer with my life when they have lie to me alot of times

GRIEVANT'S SIGNATURE: David De Jesus Sr DATE: 4-26-07

ACTION REQUESTED BY GRIEVANT: To stop lying and do the right thin to help me i get the right meds, I also want the count to get a dr not from GMS who I can trust with my life.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

MEDICAL GRIEVANCE FORM #585

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SECTION #2

IF GRIEVANT DOES NOT AGREE TO THE DECISION OF THE MEDICAL GRIEVANCE COMMITTEE THEY MUST RESPOND, IN WRITING, WITHIN TWO DAYS OF THE RECEIPT OF THE DECISION. SPACE FOR AN APPEAL HAS BEEN PROVIDED ON THIS FORM IN SECTION #3.

RESPONSE BY M.G.C.: _____

DATE RECEIVED BY GRIEVANT: _____ GRIEVANT SIGNATURE: _____

DOES GRIEVANT ACCEPT M.G.C. DECISION? _____ (YES) _____ (NO)

=====

SECTION #3

IF YOU WISH TO APPEAL PLEASE USE THE SPACE PROVIDED BELOW: TO EXPLAIN WHY:

GRIEVANT'S SIGNATURE: _____ DATE: _____

ORIGINAL: INSTITUTION FILE

COPY: GRIEVANT

Judge Joseph T. Farahan Jr.
U.S. District Court, Loc 11 Box 18
844 N King St
Wilma, DE
19801

U.S. MARINE
X-RAY

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